

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3553

BIRTH NO. 12491-150 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>30 min.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HOME WASHINGTON ST.</u>		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>UNNAMED</u> b. (Middle) <u>APPLEWHITE</u> c. (Last) <u>APPLEWHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30. 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Jan. 30 1950</u>
9. AGE (in years last birthday) <u>0</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>Sikeston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Odie APPLEWHITE</u>	13b. MOTHER'S MAIDEN NAME <u>GENEVA WASHINGTON</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Odie APPLEWHITE - Sikeston, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature - 1 month</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lolyp.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1950, to Jan. 30, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Doris Hankins</u>	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>Jan 31-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter's Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo. 6m. n.w.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>None Father, Odie Applewhite</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 6 1950

District Health Office No. 2

District File Number 250-10

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.